

Dissertation 1700270

by Aelish Hodson

Submission date: 11-May-2020 08:56AM (UTC+0100)

Submission ID: 126986410

File name: 98982_Aelish_Hodson_Dissertation_1700270_820845_1780052909.docx (94.98K)

Word count: 17273

Character count: 98571

Exploring the experience of Mental Health in Childhood and Adolescence

An Independent Study
Submitted in part fulfilment of
The requirements for the degree of
BSc (Hons) Health and Social Care

By
Aelish Hodson

Student ID Number: 1700270

Marking Tutor: Cat Rylance

Word Count: 13,069

The University of
Bolton

May 2020

Acknowledgements

I would firstly like to thank my supervisor Cat Rylance for her support and guidance throughout conducting my dissertation. Also, I want to thank Katie Bannister and Tracy Corbett for their support throughout my third year. Thank you to my sister Eryn, my boyfriend Phil and my best friends Louise, Harrison, Charlotte, Roisin and Charlie and all of my family for always supporting me and never letting me give up. To my Sainsbury's friends thank you for my always allowing me to work around my education and for making me laugh and smile every shift.

To my Mum and Dad, I would like to say thank you for always inspiring me to accomplish my goals, for always supporting me throughout my education and for always showing me love and patience.

Abstract

The research aim for this dissertation is to explore the impact that mental health can have on individuals in terms of emotional and social wellbeing. In order to achieve this a library based secondary study was conducted exploring sixteen research articles. Each of the sixteen articles was reviewed in order to discover: the main aim, methodology, methods and the main findings. The main findings of this study are brought together into five key themes: *funding, the experience of parents, vulnerable groups, transitioning from child and adolescent services to adult services and the links to social media and screen time*. Each theme represents a common issue in the research of mental health in childhood and adolescence.

Contents Page

Acknowledgements	2
Abstract	3
Chapter 1: Introduction	5-10
<i>1.1: Definition of Key Terms</i>	6
<i>1.2: Statistics</i>	6-7
<i>1.3: Further Information</i>	7
<i>1.4: Research Aims and Objectives</i>	7-8
Chapter 2: Researcher Methods	11-18
Chapter 3: Literature Review	19-41
Chapter 4: Discussion	42-47
Chapter 5: Conclusion and Critical Reflection	48-51
5.1: Conclusions	48
5.2: Recommendations	49-50
5.3: Reflection	51
Bibliography	52-63
Appendices	64-72

Introduction

The main aim within this piece of research is to explore the experiences of mental health within childhood and adolescence. In October 2019, the British government announced a 35-million-pound research programme which aimed to research into the adolescent mind in order to improve services and interventions (Department for Business, 2019). The announcement of this research supports the growing concerns surrounding child and adolescent mental health (Royal College of Nursing, 2017). Growing concern for child and adolescent mental health is not exclusive to the UK, concern is growing across the globe (Global Burden of Disease Study Collaborators, 2013). In 2017 the most prevalent mental health issue within children and adolescents aged between 5 to 19 years old was emotional disorders for example, anxiety (NHS, 2018).

This research area will be explored through a library-based study. Chapter two begins by developing the research methodology for the study, in order to achieve the research aim, a library-based secondary research study was chosen to bring together existing literature. Conducting a library-based study allowed for a large number of existing pieces of literature to be explored and reviewed, therefore exploring a larger area within the topic. Chapter three is the literature review, itself, where sixteen research articles exploring the experiences of children, adolescents, parents and professionals were brought together and reviewed. The literature was reviewed by identifying: the methodology, methods, main findings, and strengths and limitations. In the second section of the chapter the articles are brought together into five themes, which are the most common issues coming out of the articles. The five themes are: *funding; the experience of parents; vulnerable groups; the transition from child and adolescent services to adult; and the links to social media and screen time.*

Identifying themes within the articles helps provide evidence of the experience felt by children and adolescents, hence helping meet the research aim. Chapter four, a discussion, will explore the key findings from conducting the literature review and any areas in which the research could be expanded further. Within the concluding chapter an overview of each chapter will be provided, alongside a conclusion on the main findings and exploring the way in which the overall research aim has been met and providing recommendations for future practice. Finally, a critical reflection will consider the knowledge acquired and how the findings can impact on personal practice.

1.1 Definitions of Key Terms

The World Health Organisation (WHO) (2018), defines mental health as a state of wellbeing where an individual can realise their own abilities, cope with normal stresses and productively work. Bell (2017), highlighted mental health can influence our physical health and vice versa as well as having an impact on our ability to lead a healthy lifestyle. The National Society for the Prevention of Cruelty to Children (NSPCC) (2020), defines a child as anyone who is under the age of 18. Childhood is a life stage which normally begins around the ages of 2 to 3 up to the age of 8, a child will go through rapid development within this stage (Clarke et al, 2000). From childhood, children enter the life stage of adolescence which begins at around age 9 through to age 19 (Viner, 2012).

1.2 Statistics

In a survey conducted in 2017 it was found that around one in eight, which is around 12.8% of 5 to 19-year old's have experienced at least one mental health disorder. Around one in twenty which is 5% met the criteria for two or more mental health disorders (NHS Digital, 2017). Furthermore, around one in ten school age

children have a diagnosable mental health disorder (Gee, 2018). Around 75% of all mental health conditions are established by the age of 18 (Gee, 2018). Of those who experience a mental health disorder around 70% do not receive the appropriate interventions (Children's Society, 2008). Children who come from lower income families are four times more likely to experience mental health disorders than children who come from higher income families (Morrison Gutman et al, 2015). The most common disorder within children is conduct disorders which has effects on the behaviour of the child, these problems are twice as likely within boys (Green et al, 2005).

1.3 Further information

Suffering with mental health problems during childhood and adolescence can have long term implications for the individual. For example, suffering with mental health increases the likeliness of; alcohol misuse, drug intake and smoking therefore, increasing the risk of health problems in later life (Public Health England, 2016). Furthermore, mental health disorders can negatively influence educational attainment, job prospects and social networking (Public Health England, 2016). Childhood and adolescent mental health can also negatively impact on the family, parents may be confused and unsettled by their child's behaviour and may be unsure on how to help them (Young Minds, 2020).

1.4 Research Aims and Objectives

The main aim of conducting this piece of research is to explore the impact that mental health can have on children and adolescents in terms of emotional and social wellbeing. In order to examine the experience of children and adolescents existing literature within the topic focusing on vulnerable groups, financial impacts, the impacts on family members and the experiences of services will be explored and

analysed. By extracting key information from the literature, a comprehensive view of the experience felt by those who suffer with mental health will be gathered.

Policy Context

Within this chapter the topic of mental health within childhood and adolescence will be put into context. Context will be added by exploring the topic of mental health from a political perspective and relevant policy and legislation will be included. Policy and legislation highlight the importance of promoting and safeguarding positive mental health for children and adolescents. Furthermore, legislation around the topic of mental health indicate that this is an issue and interventions are needed.

In July 2014, a taskforce which was led by the Department of Health and the National Health Service (NHS), set out with the main aim of exploring ways in which to improve child and adolescent mental health. The Future in Mind Report 2015, set out the ambitions for improving care over the following five years. Main aims from the report included; creating better links between schools and specialist services, tackling stigmatisation and improving access to services (Parkin et al, 2017). Furthermore, children and adolescents under the age of 18 are protected by the Mental Health Act (2007). The act states that a clinician specialising in Child and Adolescent Mental Health Services (CAMHS), should be involved within the assessment, admission and treatment of a child. The Children Act (2004) also states how the physical, mental and emotional health of children should be protecting and safeguarded.

Child and Adolescent Mental Health Services (CAMHS), is an NHS service which aims to assess and treat children and young people who suffer with emotional, behavioural or other mental health difficulties (Young Minds, 2020). CAMHS aims to provide support for children and young people who experience sadness, low mood,

depression, anxiety and low confidence (Mind, 2020). Professionals who work within settings such as schools and GP surgeries can access support from CAMHS when providing support to children and young people (Lancashire and South Cumbria NHS Trust, 2020). Once a child reaches the age of 18, they must either be discharged or transition to adult mental health services. However the gap between child and adolescent services and adults' services is extremely high risk and many fall through the gaps (The guardian, 2019).

There are also many charities that aim to support children and adolescents who suffer with poor mental health an example, the action for children charity. Action for children highlight that 75% of adult mental health problems begin before the age of 18, therefore highlighting the importance of supporting early interventions (Action for Children, 2020). Childline is also a charity who provide support for children and young people who suffer from mental health problems. They provide support for children, teenagers and their families who are struggling with; stress, suicidal thoughts, issues with self-harm, anxiety and depression (Childline, 2020).

Funding remains a key issue within the care of children and adolescents who suffer from mental health issues. Only 6.7% of mental health spending goes to child and adolescent services. In 2017, 338,000 children were referred to CAMHS however less than a third received care (Local Government Association, 2020). In 2018/19, 26% which is around 132,700 children who had been referred to a specialist mental health service was rejected. Of this total, there was children who had self-harmed, had an eating disorder or had experienced abuse (Carter, 2020)

Conclusion

To conclude, the chapters to follow will explore the steps taken to conduct research in order to achieve the research aim. By choosing an aim the research is directed and centred around meeting the aim. This chapter has explored key information, definitions, legislation and policies within mental health of children and adolescents. The statistics mentioned within this chapter has highlighted the prevalence and issue of mental health problems within children and adolescents. Furthermore, the implications that mental health issues can have in the long term for those who suffer. In the chapter to follow the research methods will be explored, explaining why a library-based study was chosen and how the research was carried out.

Research Methods

Introduction

This chapter aims to explore research methods, with a brief section exploring the various definitions and philosophical concepts of research. From this the research methodology of this study will be explored, a library-based secondary study was selected in order to gather a wealth of information from several articles. A rationale for selecting a library-based secondary study for this piece of research will be provided. The purpose of this chapter is to provide a background for research methodology in preparation for the literature review chapter.

Research in the Context of Health and Social Care

Research is the process of conducting a systematic enquiry with the main aim of generating new knowledge within a specific topic (Gerrish et al, 2010). Kumar (2008) defined research as a purposeful search for new knowledge with the aim of gaining a new understanding. Research firstly requires the individual to ask a question and then systematically search for the answers (Hickson, 2013). Within health and social care research is essential in order to; find new treatments, seek the best treatments, find how to effectively utilise existing treatments and for making improvements in diagnosis, preventative measures and service provision (NHS, 2020).

Health and social care practitioners should strive to maintain and develop their own research skills. All care given by a health and social care practitioner should be based on evidence gathered from research (Moule, 2015). Research into mental health more specifically is crucial to gaining more understanding about the causes and risk factors of mental health problems. With this knowledge mental health professionals can adapt and improve mental health interventions (Department of Health, 2017).

Aveyard and Sharp (2013), defined evidence-based practice as a conscientious use of the most current and best evidence. Evidence-based practice requires all decisions within health and social care to be based on the best available, current and relevant evidence. An advantage of using evidence-based practice is that it ensures high standards of care are maintained throughout health and social care (Department of Health, 2013). The preferences of the service user should always be taken into consideration, therefore another advantage of evidence-based practice, as this involves using the best practice for the service user. By using a combination of service user preference and clinical expertise professionals can provide the most appropriate care for the service user (De Brun, 2013).

There are two main types of research; primary and secondary where primary is original and secondary is already existing (Hamilton, 2010). A primary research piece is conducted by an individual searching for new information about a subject and may gather this evidence through methods like questionnaires and surveys (Gaillet and Eble, 2015). Contrastingly, secondary research involves using literature or data which has been already been collected by a previous researcher (Stewart and Kamins, 1993). Both primary and secondary research are an integral part of research within health and social care.

Research Methodology

Research methodology is the philosophical framework from which research can be conducted (Brown, 2006). Epistemology is the theory of knowledge; the aim is to explore and add clarity on how knowledge can be applied (Rescher, 2003). One type of research methodology is qualitative research, as defined by Neale (2006) qualitative research is an in-depth search into a topic and allows for topics to be explored in detail. Qualitative research methodology is often associated with the epistemological perspective of interpretivism. This is largely due to the author having the ability to

interpret the information in their own way and make their own conclusions. Interpretivism is the belief of reality being complex and multiple, interpretivist researchers avoid rigid structures and instead rely on flexible structures (Edirishingha, 2012). Therefore, interpretivism allows for the researcher to rely on their own interpretations, beliefs, feelings and experiences in order to form conclusions (Levers, 2013). Ontology is the theory or study into the nature of 'what is' and is concerned with being and existence (Wellington and Szczerbinski, 2007). The ontological perspective usually linked with qualitative research is constructionism which explores the idea that the social world is made up of meanings which have been constructed by human beings (Research Methodology, 2020). Constructionism links with qualitative research as the construction of meaning is the centre of qualitative research (CORE, 2020). A common research method for qualitative research is interviews, which allow the researcher to observe and interpret the results (Myers, 2008). Qualitative research allows for the researcher to immerse themselves into their research (Lapan et al, 2011). Qualitative research is paramount within health and social care as it helps professionals to gain an understanding of an individual's health and wellbeing. However, qualitative research can be a lot more time consuming and ineffective in answering more scientific questions which require data (Health Knowledge, 2020).

Contrastingly, where qualitative research searches for the reason behind something quantitative research is mainly concerned in what happened (Public Health England, 2018). Quantitative research is more systematic and involves more numerical results rather than exploring for the explanations (Duignan, 2016). The epistemological perspective of positivism is often discussed in relation to quantitative research, positivism focuses on objectivity and proving or disproving a hypothesis through scientific methods (Ryan, 2018). The ontological perspective associated within

quantitative research is known as foundationalism, which argues that there are real, solid and factual truths about the social world (Sosa, 2018). Quantitative research tools are used to gather factual data and the types of research tools include; surveys and questionnaires (Public Health England, 2018). Using quantitative research is essential within health and social care and can be used to highlight the prevalence of illness or the spread of a disease (NHS England, 2017).

Some pieces of research benefit from using a combination of qualitative and quantitative methods, this combination is known as mixed methodology. By using this researchers are able to gain factual evidence as well as gaining an in-depth understanding (Creswell, 2014) Using a mixed methodology can help to strengthen arguments and provide more evidence, this can be highly beneficial in either proving or disproving a hypothesis (Clark and Ivankova, 2015).

My Methodology

This piece of research will be a library-based secondary research study through a literature review. A literature review is a search into the available literature within a given subject, from this the literature is used to form an evaluation. A literature review can be used as a way of highlighting gaps within research and to plan for future research (Royal Literary Fund, 2020).

In order to achieve the research aims a library-based secondary study was selected to gain understanding and information. A library-based secondary study involves the use of literature which already exists and has been collected by previous researchers. By using secondary sources researchers can review and evaluate sources to meet their own research aims without conducting their own empirical research (Stewart and Kamins, 1993). The literature review was conducted using sixteen secondary UK-based journal articles. Before conducting a review into each article, a CASP tool was used to determine the usefulness of each article (See appendix one). From this

all articles were reviewed in a specific way in order to extract specific information to achieve the overall aim. Each of the articles were reviewed, evaluated and segmented into the following sections; the year of publication, the main aims, method, methodology and the key findings. After reviewing the literature separately, the articles were brought together into five key themes. The five key themes were decided by identifying the key issues and areas of discussion within each article. From this the key issues were collected across all the articles and the themes were decided from the issues which occurred more frequently. Therefore, each theme identifies a common issue within the topic of mental health and show five ways in which services can be improved.

Conducting a library-based secondary review allowed for a review into many existing pieces of literature (Wilson, 2008). Each article selected took a different direction in how the research was conducted and what the main aims were and therefore provided a wealth of findings. This is particularly important within the topic of child and adolescent mental health as there is often a variety of factors which shape the experience felt, therefore drawing on existing research enables the study to reflect this. Had an empirical study been selected it would have been extremely difficult to achieve the same depth of knowledge and understanding within the time scale. Empirical studies can often be narrow and not provide the rich wealth of information that can be gathered from secondary research (Given, 2008). Different authors focus their aim on different areas within a subject and therefore secondary research provides the ability to explore all the different aims. Secondary research allows for a more comprehensive overview of the overall experience of the participants rather than being limited to one area of the topic (Largan and Morris, 2019). Furthermore, the topic of exploring mental health in children and young people would have resulted in several ethical issues to be considered (Health Research Authority, 2018). Therefore, making

a secondary review more appropriate as any ethical issues will have been discovered and appropriately dealt with by the author when conducting the primary research. A further strength of conducting a library-based study is evidence-based practice, drawing on a wider range of research can help to form a stronger basis to inform practice (Chartered Society of Physiotherapy, 2020).

A criteria for inclusion was devised before beginning the process of searching for journal articles: UK- based and within the past ten years. The reason for selecting UK based journal articles was to gather evidence of the experience of children and young people within the UK and assess the services provided within the UK. Out of the sixteen articles reviewed one of them was not solely UK based, the research in McGorry et al (2013) gathered results from the UK, Ireland and Australia. Including this article benefitted the overall review as it allowed for comparisons to be made between UK services and services provided within Ireland and Australia. Furthermore, the article provided an insight into the experiences and prevalence of mental health within childhood and adolescence within different countries

Mental health is an ever-changing topic and services, policies and legislation are constantly adapting and changing and therefore a time frame was selected for inclusion. All journal articles chosen for review had been published within the previous ten years. By selecting a frame, the search for literature was narrowed to the most up to date research without limiting the search too far. Furthermore, finding the most up to date research was important in order to assess the current experience of children and young people who suffer from mental health.

In order to gather literature which was suitable for the research aims of this study Discover @Bolton was used. The search began with choosing to use the search words "Mental Health", "Children and Teenagers" and "UK". From this the search was narrowed down to articles published within the previous ten years, 2010-2020.

Findings were then narrowed further by selecting only journal article results. Before selecting any articles from the results, the date and origin were checked to ensure they were suitable. In order to advance and extend the results to find more articles the search words were changed to "Mental Health in Children and Teenagers UK".

The research mainly focussed on qualitative studies with nine of the sixteen articles using qualitative methods, four articles adopted a mixed methodology and the three remaining articles chose quantitative methods. Focusing mainly on qualitative research allowed for the findings to capture the experience of the target group. Following the main aim of the study, qualitative research explores the differing emotions and feelings experienced by children and young people suffering with mental health problems. However, by having a mixture of quantitative research the study was also able to capture the prevalence of mental health within the target group. A combination of both qualitative and quantitative research added depth and understanding and balanced the limitations of each other. Quantitative methods can limit research to simple facts with no real depth or explanation, whilst providing key figures and statistics alone it fails to meet the aim of study. Likewise, qualitative methods only can provide depth and understanding but lack the factual aspect, therefore by combining the two a mixture of fact and depth was gained.

Ethical Issues

Ethical consideration provides moral principles for researchers to follow when conducting research. In order to ensure their work is ethical researchers are encouraged to seek ethical approval before completing their research (Farrimond, 2012). The need for ethical consideration within research is to protect the participants who take part in research projects and ensure their rights and welfare are upheld (Canterbury Christ Church University, 2014).

Dealing with ethical issues were minimal due to conducting a secondary study, any ethical issues had already been dealt with by the authors of the literature. However, it is important within secondary research to have an appreciation of the sensitivity of the topic (Ministry of Ethics, 2020). Furthermore, as a secondary researcher there is an obligation to accurately present the work conducted by others (Morrow et al, 2014). If an empirical study had been chosen there would have been many ethical issues to take into consideration. Firstly, there are several factors which make the participants of this research vulnerable; their ages and that all are either suffering or have suffered with mental health issues (NSPCC, 2020). It would be crucial to conduct the research in a way which would not cause any harm to the participants and consider ways for participants to withdraw from the research should they need to (General Medical Council, 2013). Additionally, the presentation of information would need to be taken into consideration. It is important to present the findings in a sensitive manner, representing the seriousness of the topic whilst also protecting the participants through confidentiality and anonymity. (For a example ethical consideration checklist see appendix two)

Conclusion

This chapter has explored research methods with consideration of the various definitions and philosophical concepts within research. Furthermore, the research methodology for this study was identified, a secondary library-based study was selected. The following chapter is the literature review chapter, this chapter will involve the review of sixteen secondary research articles.

Literature Review

Introduction

This chapter will provide a breakdown of the sixteen articles chosen for review, each breakdown includes: the aims of the article, research methodology, the main findings and the strengths and limitations. All of the literature that has been reviewed explore a different aspect of mental health within children and adolescents. Issues such as; vulnerable groups, the experience of parents and experiences of services are a selection of topics explored and their relation to mental health. From this the literature was brought together into five main themes: *funding, experience of parents, vulnerable groups, the transition between services and the links to social media and screen time*. The themes were selected after listing the main themes from each article and narrowing the selection down into the themes which occurred most regularly. For each theme the articles linked to the theme are identified and the similarities and differences found between each piece of literature are discussed. Finally, the chapter will be brought together into a conclusion which will explore the key discussion areas from the chapter.

Overview of articles

Pitchford, J. et al. (2018) Mental Health and wellbeing trends among children and young people in the UK, 1995-2014: Analysis of repeated cross-sectional national health surveys

The authors of this article identified a gap in the research within this field, no detailed national studies have been completed which were directly focused on mental health in children and adolescents. The main aim of this piece of research was to analyse mental health trends between 1995-2014 by conducting a secondary research study using national level surveys conducted within England, Wales and Scotland. A

quantitative methodology was adopted for this piece of research. The authors conducted secondary analysis of surveys which had been conducted from 1995-2014. In total data was analysed from 36 national surveys and included 140,830 participants who were aged between the ages of 4 and 24. In order to recruit participants the surveys used a stratified random sampling method and used postcode sectors in order to collect data using a consistent methodology.

Through reviewing the surveys, the researchers found a consistent and striking increase in the cases of mental health conditions within children and young people. The prevalence of mental health conditions had increased six-fold within England and had more than doubled within Scotland. Within surveys conducted in Wales the participants were asked to report on conditions in which they were receiving treatment, this number increased by around half between 2007- 2014.

A strength of this study is that to the knowledge of the researchers, this was the first national study to investigate the UK trends in mental health problems within children and adolescents since 2007. Additionally, the findings of this research are consistent with that of previous studies within this field, demonstrating an increase in mental health diagnoses. A limitation of this study is that the Welsh and Scottish surveys could only provide data from 2007/08 onward rather than the full 19-year span. Also, there was a lack of data regarding the impact and nature of mental health conditions, therefore limiting the usefulness of the article.

J. Walsh et al. (2011) Perception of need and barriers to access: The mental health needs of young people attending a youth offending team in the UK.

The focus of this article was to explore the mental health needs of young people who are attending youth offending services. The main aim of the article was to explore the perception of need, experiences and views on supports and the perceptions of barriers to accessing support. A mixed methodology was used within this article, the research

was conducted between May and September 2008. In total, there was 44 participants who were asked to complete a questionnaire which aimed to explore the self-reported levels of need in terms of their mental health. The questionnaires asked the participants to report on their behaviour, preferences and evaluation regarding different sources of support available to them. Six of the young people were also interviewed about their experiences of support and the data gathered was then analysed. The 44 questionnaires were conducted by 26 males and 17 females and one individual who reported no gender, the mean age was 15.64 years. Each questionnaire contained three sections; perceptions of psychological, physical and sexual health needs, strengths and difficulties questionnaire and questions around life circumstances for example; substance use and GP registration.

The main findings highlighted from this research demonstrate the vulnerability of young people within youth offending services. Therefore, demonstrating that vulnerable groups of young people may have specific mental health needs and experiences. High levels of mental health needs were identified and those in need were more likely to only seek help from people who they have a long-term relationship with and who they feel safe in confiding in. There were also findings centred around barriers to access, which included psychological, social, structural and cultural. For example, there was issues around understanding and the stigma attached to both mental health issues and youth offending services, as well as confidentiality.

A strength from this piece of research is that the evidence found is consistent with that of other pieces of research within the field. Evidence surrounding confidentiality, trust and non-judgemental delivery is consistent with other pieces of research. A limitation of this piece is the small sample size combined with the large age range of participants making it more difficult to generalise the whole population. In addition, the

sample was taken from one period during one summer and only within one area of the UK and therefore is less generalisable to the whole UK.

F. Solmi et al. (2017) The cost of mental and physical health disability in childhood and adolescence to families in the UK: findings from a repeated cross-sectional survey using propensity score matching.

Within the UK, families who have a child with a physical disability are entitled to benefit payments to help fund the additional costs of having a disability. However, there is evidence to suggest that these benefits are insufficient in meeting the actual cost incurred, particularly in cases where the child suffers with a mental health disability. Therefore, the main aim of this article was to quantify the actual cost incurred when caring for a child or adolescent who suffers with mental and physical disabilities. A quantitative methodology was selected and data from the Family Resources Survey was used. The data was collected from eight consecutive rounds of the Family Resources Survey covering the years 2004/2005 to 2011/2012. The focus of the article was directed towards families with children and adolescents under the age of 16. In total 85,212 children were drawn from the eight rounds of surveys. Using a propensity scoring, families who have a child with disabilities were matched to a similar family whose child does not have any disability. From this the researchers worked out the additional income needed to achieve the same living standards. These results were then used to highlight whether the benefits received matched the financial needs of families supporting children and adolescents with disabilities.

It was found that families with a child or adolescent with any mental health disability regardless of the presence of any physical health problem needed an additional 49.31 pounds per week. For more severe disabilities the family would need 57.56 pounds in order to achieve the same living standards. These figures grew in more deprived

families who required an additional 59.28 pounds per week and up to 81.26 pounds per week depending on the severity of the mental health disability.

A strength from this article is that the researchers recruited a large and rich dataset which therefore added to the reliability of findings within the article. Furthermore, the article is consistent with the definitions applicable to policy settings. However, a limitation of this research article was that the authors did not explore the severity of disability or the various types of disabilities. Discussion around living standards provided an indication of what families can afford but there is no discussion around the quality of these items.

E.Stapley et al. (2015) The experience of being the parent of an adolescent with a diagnosis of depression.

This piece of research was conducted after the researchers identified a gap within this subject. The article aims to explore the experience of parents who have adolescent children aged between 11 and 17. The article looked specifically at adolescents who have recently been referred to child and adolescent mental health services and received a diagnosis of moderate to severe depression. Qualitative methodology was adopted within the research, forty-three interviews were conducted with the parents of forty-three adolescents. Of the forty-three participants, 27 were girls and 16 were boys aged between 11.3-17.8 years old. All of the participants had been referred to selected NHS child and adolescent mental health services (CAMHS) in North London between October 2011 and January 2013. Of the forty-three interviews conducted; 35 interviews were conducted with the biological mother, 3 with the biological father, 4 with both biological parents and 1 with the biological mother and stepfather.

The main theme that arose from the interviews was “lack of awareness”, a finding which can also be seen amongst other pieces of qualitative research. Other themes that arose was “emotional turmoil” and a “feeling of helplessness” amongst parents.

The sense of helplessness came as parents felt there was nothing, they could do in order to improve their child's circumstances. A significant level of stress and strain experienced by parents of adolescents with a diagnosis of depression can be also seen in the experiences of parents whose children have a diagnosis of schizophrenia and some eating disorders.

A strength of this research article is the exploration into the experience of parents, many articles only focus on the experiences of the children and adolescents. This is important as it helps give a fuller picture of the experiences surrounding mental health. A further strength of the article is the exploration of various mental health conditions, rather than focussing on just one, therefore providing more of an image of the experiences felt. A limitation of this piece of research is that a high proportion of the parents within the sample were the parents of teenage girls, therefore impacting the reliability of the article. Furthermore, the article only explored the emotions of parents at one point in time and therefore having lower validity. The research is not thorough enough to provide a clear overview of the experiences of parents throughout a period a time.

E.Soneson et al. (2018) Acceptability of screening for mental health difficulties in primary schools: A survey of UK parents.

Many children and young people who are experiencing mental health problems are not accessing the appropriate care, quite often this is due to inadequate identification. It has been identified that schools are in a unique position to improve rates in early identification. The main aim of this study is to examine the beliefs of parents around mental health screenings within primary schools. A mixed methodology was adopted in the form of questionnaires which were designed in collaboration with experts. The aim of the questionnaires was to measure parental attitudes towards mental health screening in schools. Each questionnaire contained 13 items relating

to: acceptability, three open text boxes for comments regarding harm, benefits of screening in general and four questions to capture demographic information. The parents of children attending four primary schools in Cambridgeshire and Norfolk were asked to complete the questionnaire.

In total 290 parents completed and returned the questionnaires across the four schools; this was a 61% response rate. Of these, 260 questionnaires were chosen for analysis, a total of 254 parents (98%) believed it is important to identify mental health difficulties early. Furthermore, 251 (97%) believed that schools have an important role in promoting positive emotional health and wellbeing. Many parents believed that screening in schools would be beneficial, however 34 parents (13%) believed screening would be harmful. The most common perceived harms of screenings included inaccurate identification of problems, the stigmas attached to mental health, and the low availability of follow up care.

A strength is that this article provides new and valuable information in terms of the public health response to mental health. Furthermore, before this study there was a lack of school-based identification programmes for this age group, therefore bridging a gap in research. A final strength of this article is that open ended questions were used and therefore this allowed participants to explain their views. A limitation is that the sample size for this research was small and unrepresentative of the general UK population of young people.

G. Fergie et al. (2016) Social media as a space for support: Young adults' perspectives on producing and consuming user generated content about diabetes and mental health.

The main aim of this article is to examine how engagement with user generated content can support people who have long term health conditions, mental health conditions and diabetes. The methodology is qualitative in the format of forty semi

structured interviews, which were conducted with young adults aged between 18 and 30 years old. All participants have either, experience of a common mental health condition or diabetes. The interviews were structured and used in order to explore the perspectives of young people. All of the interviews were conducted between November 2012 and May 2013.

The research was able to provide an insight into the ways that young people with mental health problems can engage with user generated content. Therefore, shedding light on the range of considerations which influence the production of user generated content. This indicates that social media can be used as a platform in which to support young people who are suffering with chronic illnesses and mental health problems. However, based on their analysis the researchers concluded that social media does not provide an unproblematic environment for engagement.

A strength of this article is that the age range ran from 18-30 and therefore provides the experiences of those emerging from adolescence into adulthood. This gives a fuller picture of the experiences of young people of all ages. Furthermore, the interviews conducted for this research lasted between 40 to 90 minutes, therefore not rushing the participants and gathering a rich amount of data. Additionally, this would give the findings a higher level of validity which is therefore more likely to provide a fuller picture of experiences. A limitation of this article is that the age range does not encompass children under the age of 18. The findings from this article may not be easily comparable with other findings due to the age range of participants. Furthermore, the research consisted mainly of young people who were employed or in full time education and therefore all participants accessed technology daily. Finally, the reflections of the participants can be subject to rapid change and the reliability of the experiences may fluctuate.

J. N. Khouja et al. (2019) Is screen time associated with anxiety or depression in young people? Results from a UK birth cohort.

The main aim of this article was to examine the associations between screen time measured at 16 years of age and anxiety and depression at the age of 18. This research is the first study to assess the association between screen time in a prospective UK cohort. Participants of this study were from the Avon Longitudinal study of parents and children, which is a UK based prospective cohort study. Screen time was assessed in a questionnaire which was given out when the participants were 16 years of age. The participants were asked six questions which related to watching television, computer use and texting. The answers were categorised into; less than an hour, one to two hours and three or more hours per weekday and then separate responses were collated for weekend use. Levels of anxiety and depression was then measured when the participants reached 18 years of age.

An increase in the amount of time spent using a computer on weekdays was associated with a small increased risk of anxiety, a similar association was found between computer use at weekends and anxiety. Contrastingly, greater time spent using a computer on weekends only was associated with a small increase risk in depression.

A strength is the use of data from a longitudinal study and the ability to adjust for previously identified anxiety and depression. Furthermore, the ability of adjust for a wide range of potential confounders. However, the article is limited as there was missing data, the proportion of individuals with complete data was low and this could impact the representativeness. Another limitation is that this research was conducted before the wide availability of smart phones, smart watches and tablets, therefore limiting the article as the patterns in screen use have changed drastically since.

F. Gill et al. (2015) The experience of adolescent inpatient care and the anticipated transition to the community: Young people's perspectives.

This article focused on the perspective of young people who are being cared for by inpatient services. The focus was on the aspects of care that the young people believed to help or hinder them in their transition back home. A qualitative methodology was adopted in the form of semi structured interviews. Interviews were selected in order to capture the complexity and variability of the participants experiences. The research was conducted within three London adolescent psychiatric inpatients units, each of them adopting a differing treatment approach. The first unit offered more of a therapeutic environment and longer admissions whereas the second and third offered more crisis led care with shorter admissions. There was a criteria for participation; aged between 13 and 18 years, have a minimum of two months admissions, no active psychosis and no significant learning disability. The eligible adolescents were identified by members of staff at the respective inpatient units.

Findings demonstrated that many of the young people described their experience as offering a mixture of benefits and drawbacks. Some benefits mentioned included the supportive relationships and having structures and routines. Some of the drawbacks included having a lack of autonomy and living in what was described as a “fake world”. Their transition back home was viewed as providing both opportunities and challenges. The participants felt there was opportunity for personal growth and being able to consolidate the skills they had learnt whilst in inpatient care. However, some felt they had “been wrapped in cotton wool” and some participants also felt concerned around perceptions of others.

A strength of this research article is the units that were chosen, each unit adopted a different treatment approach. This is a strength because in doing this the researchers provide a variety of information about different approaches. In

addition, another strength is the researchers set a criteria for participation, therefore once the research had begun there was no exclusion of participants. Contrastingly a limitation of this article is, the participants were chosen by unit staff and therefore were all willing to discuss their experiences this could indicate they find inpatient care beneficial. Therefore, limiting the article as this could be biased, meaning the article could appear one sided and not objective or balanced. A further limitation of this article is that the sample size was small, and many participants were predominantly female, therefore making the findings less reliable and less generalisable.

J. Plaistow et al. (2014) Young people's view of UK mental health services.

Adolescence has been identified as a period of rapid growth and development with the highest risk of mental health problems, however, it is also the age group who are least likely to seek help from mental health services. The aim of this article is to review published literature which explores the views of young people regarding mental health services within the UK. Furthermore, to provide an analysis of the findings in order to explore the reasons behind the views of young people in order to inform services. A mixed methodology was adopted for this piece of research, and the review was conducted in two parts. The first part was a descriptive mapping of all the published literature within the field and this was followed by a review into the quality of the findings. Following a strict exclusion process a total of 31 studies were chosen for inclusion, each was independently coded for quality by two reviewers. Altogether the 31 papers chosen reflected the views of 13,605 young people including 625 young people who had experience of mental health services.

There was both positive and negative views that emerged from this review. Positive views included; qualities of health workers and the encouragement to be self-reliant. Some of the negative views to emerge included; the stigma attached to mental health problems, a lack of information, medicalisation of problems and the lack in continuity

of care. Together both positive and negative views can be positively utilised to make improvements into the design of future services.

A strength is that this research was conducted within the UK and therefore the themes that emerged reflect the structure of the services delivered within the UK. Furthermore, the participants were self-selected and therefore wanted to be a part of the research. The large sample size used within this article would add to the strengths and this would greatly add to the reliability of findings. However, the article is limited as 18 of the 31 studies provided no details of their ethnic status. This limits the ability for the research to consider the role of culture and ethnicity when accessing mental health services.

P. McGorry et al. (2013) Designing youth mental health services for the 21st century: Examples from Australia, Ireland and the UK.

Evidence suggests that young people aged between 18-25 have the highest incidence and prevalence of mental health conditions, however, the access of services is the poorest of all other life stages. A major factor in the lack of access to services is due to the current design of mental health services. The aim of this study is to identify how necessary a redesign in services is in order to make improvements in mental health care. Mental health teams are developing a youth access pathway, which had started to be rolled out in Birmingham. The teams provide assessment and formulation by referring individuals to GPs within one week of referral. This piece of research is a qualitative ethnographic study, it investigates the adaptation and roll out of mental health services.

If enhanced primary care youth health services were to develop fully in the UK, then the early intervention in psychosis services could be accessed in this fashion. This in turn would aid the early detection of psychosis in young people. It is believed that for transformational change to be successful, models need to be created,

perfected and then scaled within the context of national mental health policy frameworks.

A strength of this article is that Birmingham was chosen as the setting for recruitment, this is beneficial as Birmingham has a large population of young people and is largely diverse in terms of ethnicity. Furthermore, this study evaluates mental health services across three countries, therefore providing a base to evaluate UK services against. However, the article is also limited as it is not solely based within the UK and therefore the English data is not discussed in large depth. In addition, despite Birmingham having a large population it is not totally representative of the UK.

K. Reed. (2013) A repeated measures experiment of green exercise to improve self-esteem in UK school children.

Previous studies have suggested that exercising in natural, green environments creates greater improvements in adults' self-esteem than exercise in urban or indoor settings. However, there is no comparable data available for children, therefore the aim of this article was to determine whether there are similar effects on children. A mixed methodology was used, and each participant completed a physical activity questionnaire in order to provide an estimate of their habitual physical activity levels. Each participant then completed a version of the 20m shuttle run for their aerobic fitness levels to be assessed. Before and after each exercise participants completed the Rosenberg self-esteem scale which consisted of 10 statements. The participants were required to answer using a four-point Likert scale which ranged from strongly agree to strongly disagree. From this an overall self-esteem score was calculated ranging from 10 to 40. The school was visited on three separate occasions. The sample used for this article was a group of 75 year 7 pupils all aged between 11 and 12 years old.

The main results highlighted that green exercise did not create an additional improvement in self-esteem above that showed in the control exercise condition. General physical activity and structured exercise both have positive effects on children's self-esteem. However, the current findings do not demonstrate that exposure to nature has any significant additional effect to mental health wellbeing.

A strength of this article is the consistency throughout, all participants completed the same questionnaire and exercise condition and all at the same time. Furthermore, the school was visited on three separate occasions and all the exercises was controlled therefore adding to the consistency and validity. However, the representativeness of this article is limited as the data was only collected from one school. Furthermore, representativeness was further limited as only children who are aged between 11 and 12 were chosen to participate.

H. Petkova. (2018) Incidence of anorexia nervosa in young people in the UK and Ireland: A national surveillance study.

The main aim of this study was to estimate the incidence of anorexia nervosa in young people, those who are in contact with child and adolescent mental health services within the UK. The methodology used for this piece of research was qualitative in the form of an observational surveillance system. Clinician reported data was used to gather information, the data was gathered on young people aged between 8-17. All the participants had been in contact with child and adolescent mental health services and had been referred to receive care for anorexia nervosa within a variety of regions in the UK and Ireland.

During the eight-month surveillance period 305 cases of anorexia nervosa were reported. Of this 91% were women, 70% were from England and 92% were of white ethnicity, the mean age was 14.6. It was found that the rate of incidence

steadily increased with age which peaked at aged 15 for young women and for young men incidence rates peaked at the age of 16.

This article benefits from a large and nationally representative sample group which was collected from the whole of the UK and Ireland. Another strength is that bias is avoided as a National Surveillance system was used in order to collect data. However, the results are limited by missing data, this was dealt with by using assumptions to adjust the observed incidence rates. Furthermore, the results were only relevant to those who have a diagnosis of anorexia nervosa and received the diagnosis through child and adolescent psychiatrists. This is a limitation as many individuals may go without a diagnosis if they come from groups who are less likely to engage with services

V.Dunn (2017) Young people, mental health practitioners and researchers co-produce a transition preparation programme to improve outcomes and experience for young people leaving child and adolescent mental health services (CAMHS).

Within the UK young people who attend CAMHS must either move on to adults' services or are discharged when they reach the age of 17/18. The period of transition is known for having an increased risk associated, it is thought to be because transitions with CAMHS are often poorly managed. The main aim of this study aimed to co-produce preparation programmes by working alongside young people who have already transitioned or are facing transition. The methodology adopted for this piece of research was qualitative, involving a total of 18 young people all of which aged between 17-22 years of age. All participants were recruited from three UK NHS mental health foundation trusts. Seven of the participants completed a short questionnaire and thirty clinical staff from two trusts took part in the workshops.

Many of the young people who took part stated that they felt anxious, fearful and uncertain about leaving child and adolescent services. Participants outlined the current

procedures in terms of transition and together drafted a range of preparation activities. The preparation activities aimed to support young people to take responsibility for themselves. It was also found that some clinicians felt anxious during transition periods and they recognised the potential impact transitions could have. Further findings were that parents would appreciate help in order to support young people through transition periods. In addition, clinicians communicated a lack of funding and inflexible NHS procedures and policies as potential barriers. Nine of the 18 young people took up the opportunities to be part of co-research opportunities.

The authors themselves largely benefitted from this article as they were able to create an environment where participants felt able to talk freely and at ease, this positively impacted the results. The negative experiences of participants were utilised to implement positive changes in order to improve services. However, a limitation of the article is the small sample size, participants were recruited through pre-existing networks and therefore less likely to represent the whole population of CAMHS.

C. Bone et al. (2014) "They're not witches" Young children and their parent's perceptions and experiences of child and adolescent mental health services.

Recent initiatives have demonstrated the ongoing need for children to be included within research. This is to aid the development of paediatric and mental healthcare services. The main aim of this study was to contribute the perceptions of children and their parents and their individual experiences of CAMHS. A qualitative methodology was adopted for this research, semi structured interviews were used to gather information. In total there were eleven children; two girls and nine boys and their parents; twelve mothers and two fathers. All the participants had recently been referred to CAMHS, for either mental or educational problems. Through the interviews the children were assisted through techniques such as glitter pens and

drawings in order to engage participation. The children were each given the option of if they wanted their parents to attend the interviews or not.

Through the study three main themes were discovered: the fear of the unknown, the importance of therapeutic engagement and session tolerance and surroundings. The fear of the unknown refers to the emotional apprehension and confusion due to lack of information given about services. The second theme centred around the expression that parents and children value being listened to and appreciate having positive relationships with professionals. The final theme relates to ensuring services are delivered in appropriate surroundings. It was also found that children are in a position of being able to provide a unique perspective on services that adults are not.

A strength of this research article is that the experiences of parents were considered, this is a strength as it adds further evidence of experience. Furthermore, four CAMHS services were used and all of which were geographically representative of the service in England. Another strength was using engagement techniques in order to keep children engaged which therefore positively impacted the results. However, there was only a small sample group, therefore reducing the reliability of the study.

R. MacPherson and B. Vann. (2019) Cornwall Foundation Trust's capacity to implement the government's children and young people's mental health strategy.

The main aim of this study is to evaluate the capacity of Cornwall's Foundation Trust to implement the children and young people's mental health strategy. The strategy was set out by the UK government and is implemented through a school-based delivery model. In total six case studies were used for this study; this to demonstrate the general effectiveness of the delivery model. The government set out three core proposals through their strategy; to encourage all schools and colleges to identify and train a designated safeguarding lead, fund new mental health support

teams and develop strategies in order to meet four week waiting times for access to services. This article is a qualitative ethnographic study into a service.

The main findings were that Cornwall Foundation Trust had piloted a new delivery model. This new model was piloted within three school based integrated health centres in 2009. Developments from this pilot could be used to inform national policy developments in the future and shape how delivery models are made and distributed to different trusts.

A strength of this piece of research was the researchers were able to prove the capacity of the delivery model in reaching more isolated areas within communities. Furthermore, six case studies were used in order to test the effectiveness of the model. However, the article is limited as the results may not be generalisable to the whole population as the research is only based within Cornwall.

J. Memarzia et al. (2015) Adolescents leaving mental health or social care services: Predictors of mental health and psychosocial outcomes one year later.

Approximately half of all lifetime mental health disorders emerge within an individual's teenage years, 75% of all disorders are revealed by the age of 25. Within this study two vulnerable groups were followed, each of which were facing the transition from child and adolescent services to adults' services or discharge. The main aim of this study was to determine predictors of mental health within adolescents who are leaving mental health services. A qualitative methodology was used in order to gather information, interviews was the chosen method. A group of 17-year olds were interviewed and assessed as they were preparing to either transition to adult services or be discharged. From this, mental health and psychosocial characteristics were compared to that of a same age community sample group. Participants were recruited from two sources; CAMHS and local authority care services. At first 59 vulnerable

adolescents agreed to participate, 6 of which withdrew leaving 53 and only 45 were re-interviewed the year after.

From this article it was found that vulnerable adolescents showed poorer educational achievements, lower IQ scores and lower employment rates. Thirty-four (64%) left services with one or more clinical diagnosis of mental health. Vulnerable adolescents demonstrated extensive and persistent psycho-social difficulties after leaving youth services. The findings demonstrated a strong indication that the cut off age for children's services at 17-18 is a high-risk period for mental health problems.

A strength of this article is that several measures were taken in order to minimise the level of bias as far as possible. Measures focused on the services used, and episodes of illness were mapped in chronological order on a timeline. However, the small sample size limits the research, low recruitment means further research around this topic would be needed in order to strengthen reliability. Staff selection of participants means there is slight bias and therefore further limits this article.

Themes

Funding

The issue of funding or the lack of funding arose in two of the articles reviewed. Solmi et al (2017), raised the issue of funding by exploring the additional cost that mental and physical health problems incur. Those who suffer with mental health conditions require additional incomes in order to live to the same standards as those without mental health problems. This additional cost rises if the individual suffers with more severe conditions or also suffers from a physical disability. Contrastingly Dunn (2017), explored funding from within services, a finding indicated the fear of clinicians that funding within services is a large obstacle to care. The impact that funding has on resources and staff was also explored throughout this article.

Both articles found that mental health conditions incur a financial burden; whether this be through the cost of care or the cost of running services. A further similarity between the two articles indicated that mental health professionals are concerned about the impact that insufficient funding can have on services. Both articles agreed that the funding in mental health care is insufficient and does not meet the demand of needs. A difference is that the two articles each viewed the impacts of funding from different aspects, one the impact on families and the other the impact on services.

Experience of Parents

The next theme that was identified was the experience of parents whose children suffer from poor mental health. Stapley et al (2015), explored the experience of parents whose child had received a diagnosis of depression. Solmi et al (2017), explored the experience of parents in terms of funding, the additional funding that was needed in order to achieve the same living standards as those without disabilities. Soneson et al (2018), investigated the perceptions of parents regarding mental health screening within schools. Finally, Bone et al (2014), gathered the perceptions of parents whose children had been referred to child and adolescent services.

The most significant similarity between the articles is that the focus of discussion focuses on the impact on the parents. All the articles which identified this theme explored findings that indicated that families were likely to be significantly impacted by experiences of mental health. The differences between the articles is mainly the aspect of the impact that is focused on: whether it be the impact of funding, screening or services. In doing so the articles provide a wide overview of the range of impacts mental health can have on carers. Furthermore, another difference between the articles is the methodology used to gather the information. Stapley et al (2015) and Bone et al (2014) both used a qualitative methodology which allowed for the articles

to explore the experiences in-depth. Solmi et al (2017) used a quantitative methodology which therefore gathered factual data which highlighted the experiences felt. Soneson et al (2014) used a mixed methodology which combined factual evidence with in-depth information around the experience felt. Together the four articles bring a mixed wealth of information combining factual evidence and experiences.

Vulnerable Groups

The theme of vulnerable groups arose throughout several articles, firstly Walsh et al (2011), focused on young people in youth offenders' units where mental health levels are high. Solmi et al (2017), focused on young people who had physical disabilities as well as mental health issues to explore the difficulties of achieving a similar standard of living as others. Finally, Fergie et al (2016), explored the experience of those who suffer with diabetes and their experience of mental health.

Similarly, all these articles found that those within vulnerable groups experience higher levels of mental health. It was found that the factors that place them into a vulnerable group also increase their risk of experiencing poor mental health. Another similarity between the articles is that all the participants were also connected to other services aside from mental health services; youth offenders services, diabetes care and services to support with physical disabilities. A main difference between the three articles is the differences in the methodology and methods used by each of the authors. Each of the articles within this theme used a different methodology and method in order to gain their results for example, Fergie et al (2016) used a qualitative methodology to gather results, in-depth data, whereas Solmi et al (2017) used a quantitative methodology which gathered more factual and statistical data.

Transitioning from Child and Adolescent services to adult

The transition from child and adolescent services to adults' services was a theme that arose in several articles. Firstly, Gill et al (2015), focused on the aspects of inpatient care that either helped or hindered the transition back home. The article by Dunn (2017), explored the experience of young people who face either discharge or the transition between services. Bone et al (2014), explored the experience of those who are being cared for under Child and Adolescent services. Finally, Memazia et al (2015) aimed to explore the predictors of poor mental health in adolescents leaving services.

A similarity of each of the articles is the negative connotation of the transition process. Each of the articles found that the participants expressed negative feelings when they faced transition. Some of the similar feelings expressed include; fear of the unknown, anxiety and uncertainty. A difference between the articles is that Memazia et al (2015) explored the impact this could have for the individuals in their future. For example, it was found that those who transition from services were more likely to have lower educational attainment. Whereas the other articles mainly only focused on the feelings felt by the participants during time of transition.

Social Media/ Screen Time

The theme of social media and screen time was raised within two of the articles; Fergie et al (2016) explored the idea of social media being used a platform of support and Khouja et al (2019) explored if increased screen time increased the risk of mental health problems.

A similarity between the two articles is social media and increased screen time can have negative impacts on individuals. Fergie et al (2016), stated that social media is not unproblematic and Khouja et al (2019), found that increased screen time can increase the risk of anxiety and depression within children and young people. However, a difference is that the overall opinion of social media Fergie et

al (2016) expressed is positive, highlighting that social media can be used as a space to support young people. Whereas Khouja et al (2019) concluded with more of a negative feeling towards screen time, with the risk of mental health problems increasing with screen time. To summarise social media is a still a relatively new phenomenon, this suggests that social media may be a contested space and is used and experienced differently by different individuals.

Conclusion

Overall, this chapter reviewed sixteen pieces of literature all of which focused on the topic of mental health in children and adolescents. Each article was individually reviewed in order to identify the methodology, methods, main aims and the findings. Although all the articles were chosen for their relation to mental health in children and adolescents each chose differing methodologies, and all found differing findings. After reviewing the literature five themes were identified, each of the themes highlight an important issue within mental health. The themes identify that despite the difference in aims and focus of the literature within this area they tend to discuss similar ideas. With the key themes being; *funding, experience of parents, vulnerable groups, transitioning from child and adolescent services to adult and the link between social media and screen time and mental health.*

Discussion

Introduction

Following from the literature chapter, this chapter will evaluate the way in which the research aims have been met. Furthermore, an interpretation of the key findings will be provided using the key themes identified through the review. An evaluation will be provided on the articles used within the literature review chapter, exploring whether they were useful and any problems that were encountered. To conclude this chapter, the overall research study will be critiqued and any areas which would benefit from improvement will be explored.

Discussion

The overall research aim was to explore the impact that mental health can have in terms of emotional and social wellbeing, this aim was met. Conducting the literature review led to five themes being identified: funding, the experience of parents, vulnerable groups, transitioning from children to adult services and link to social media and screen time. Each of the five themes provided an insight into the various impact that mental health can have on the life of children and adolescents. Showing that the impacts of mental health are wide and varied such as, there is also negative impacts on the emotional and social wellbeing of parents as well as for children and adolescents. Furthermore, the themes allow for exploration of the experience of different individuals involved within the lives of children and adolescents.

The first theme identified was funding, two articles highlighted the theme of funding as an issue within mental health care. Mental health can incur a financial burden on both the families of those affected but also upon services. By identifying this theme, it can be seen that funding can negatively impact on the experience of mental health.

Evidence to support this can be seen within the article by Dunn (2017), who stated

clinicians are concerned about the impact funding can have on the experience of services. Furthermore, due to the insufficient funding of services some individuals may have to wait to receive care. Waiting for services can have detrimental impacts on how children and adolescents experience mental health. These ideas are supported by the statistics highlighting that 20% of young people who suffer with mental health wait more than six months to receive care from a specialist (MHFA England, 2019). Further research could explore the impact of mental health on individuals who cannot receive care due to the lack of funding.

The next theme identified within the literature review was the experience of the parents whose children suffer from mental health problems. Identifying this theme added more depth to exploring the experience of children and adolescents as it was highlighted how a child's experience impacts the experience of those around them. Furthermore, the articles that identified this theme as a key issue explore the experience of funding from different perspectives, funding, experience of services and screenings. Therefore, allowing for a deep understanding of how child and adolescent mental health can impact parents. Further research could explore how child and adolescent mental health impacts family dynamics and relationships within the family. Further from this how suffering from mental during childhood and adolescence impacts their ability to form relationships and a family of their own. This theme could be further developed by including research which explores the impact of how conversely parental mental health problems could impact on the mental health of children and adolescents. Around 68% of women and 57% of men who suffer with mental health problems are parents, further research could explore the impact this can have on their children (Royal College of Psychiatrists, 2016).

The third theme identified within the literature review was vulnerable groups, it was highlighted that those within vulnerable groups experience higher levels of

mental health. It was discussed that the factors that place an individual within a vulnerable group are also the same factors that increase an individual's chance of suffering from mental health problems. This theme added depth to the research aim by providing evidence on the experience of those suffering with separate issues alongside mental health. Walsh et al (2011), explored the experience of children within young offenders' services, the main findings highlighted the vulnerability of young offenders and the risk of high levels of mental health. Supporting these findings, evidence shows that 11% of children who are in young offenders' units have attempted suicide (Beyond Youth Custody, 2020). Further research could explore the links between young offending and mental health, to explore the degree to which mental health causes young people to offend and the degree to which offending and experiences within the criminal justice system causes poor mental health.

The next theme that was identified is the transition from child and adolescent services to adults' services. All articles that discussed this theme expressed negative connotations of the transitions between services. Furthermore, there was similar feelings of uncertainty and anxiety felt by those who face the transition from child services to adult services. Within the Care Act (2014), it states that if a child is likely to still have needs and require support after the age of 18 local authorities must conduct a needs assessment. The assessment should explore what the continuing needs of the child are, and which services are needed in order to meet needs. Alternative studies identify gaps between child and adolescent services and adult services. The gap in treatment for young people is widest for those aged between 16-25, especially between the ages of 21-25. It has been found that 64% of people within this age group who require care are not receiving care from any services (Youth Access, 2017). Furthermore, of those aged between 16-34 and had attempted

suicide two thirds had not received any subsequent care (Adult Psychiatric Morbidity Survey, 2014). Further research into this theme could explore the reasons behind the gap in services and how the transition between services can be improved.

The final theme that was identified through conducting the literature review was social media and screen time. Key findings within this theme highlight that social media and screen time can have increased risks for children and adolescents who suffer with poor mental health. The positive and negatives views within this theme are evident within other studies as well. Some studies have shown that as the presence of technology has increased the concern around the impact on young people's mental health has also increased. Other studies highlight how screen time can positively impact on children, education and communication can be improved through using technology (Mental Health Foundation, 2018). Further research centred around this theme could aim to determine whether the use of social media and screen use has more positive or negative impacts on the mental health of children and adolescents.

The articles used within the literature review chapter were all useful in meeting the overall research aim. Each article explored a different area within child and adolescent mental health, which allowed for a rich and in depth understanding of how poor mental health can impact on children and teenagers. The overall aim of the research study was to explore the experience of children and adolescents, this was achieved and extended as the experience of others was also discovered. Many young people feel scared and anxious due to poor mental health, there was a sense of the fear of the unknown within both young people and their parents, and professionals felt concerned by the lack of funding available for services. By exploring the experience of parents, it can be seen how funding may also have an impact upon the families of young people who suffer from poor mental health. Furthermore, the link between social media/ screen time and mental health highlight how social media can impact on the wellbeing

of those who used it. Despite the effects being only minimal at the time of the article it can be seen how the effects can grow as the rate of social media use grows.

Overall, the aim for this study was quite broad, this is an advantage in the sense it provides the basis for a fuller picture of the factors that can shape the experiences. However, a more focused aim into one of the impact areas would have allowed for a more comprehensive search therefore leading to a more focused image. Furthermore, there is likely to be many other impacts, for example the impact on education and friendships which have not been explored within this study. In addition, despite meeting the aim there are other areas which could be explored which would greatly add to this study. For instance, exploring into the impact that mental health can have on the formation of friendships or how education is impacted would add further insight into the overall experience of children and adolescents. By researching into each of the themes identified would also largely benefit this piece of research as each theme highlights a key area within this topic.

Conducting a secondary library-based study was useful with a wide aim as a wide range of existing literature could be explored hence gathering a wealth of evidence into the topic. However, had the aim been more specific using an empirical study would be more appropriate as this would help to break new ground into a specific and focused area. Therefore, whilst the research method was appropriate for this study it would be more beneficial to change the approach if the focus was narrowed to a more specific area. Conducting a wide secondary research study has raised interest within this aim, the interest gained could be pursued in a further and more focused empirical study in the future.

Conclusion

To conclude, overall, the research aim was met, and a depth of information was gathered to effectively demonstrate the experience felt by children and adolescents who suffer from poor mental health. Further research could be done by researching more into the various themes highlighting through conducting this piece of research.

Conclusion and Recommendations

Introduction

This chapter aims to bring together all the chapters within this dissertation, as well as concluding the main findings and themes identified. Firstly, a final overview of each chapter will be provided which will lead into a closing discussion into the main findings and themes. From this there will be a brief section into recommendations for future research and practice based on the findings. To conclude the chapter and dissertation there will be a reflection section where the learning and knowledge gained will be reflected on and how the findings may influence personal practice will be considered.

5.1 Conclusions

The introduction chapter introduced the topic of child and adolescent mental health as an issue and as the topic to be researched into. Key terms were defined, and the overall aim was introduced and how it was to be met. The second section of the chapter provided a rationale exploring why the topic of child and adolescent mental health had been chosen, this was provided through statistics and policy context showing it to be an important area of study and an area of growing importance. The second chapter was the research methods chapter which provided context of research within health and social care. Research methodology was defined and explored as well as a discussion around the importance of ethics within health and social care. The research methodology of a secondary library based was chosen for this study was then outlined as well as the rationale for choosing that methodology, which is because it allows for a wide range of existing literature to be explored. The following chapter was the literature review chapter, sixteen articles chosen for their focus on the experience of children and young people, the

experience of parents, the issue of funding and other key issues were reviewed in order to discover: the methodology, methods, main aim and findings. Strengths and limitation were also provided for each article before bringing the main findings together into five main themes. The main findings from the sixteen articles led to five main themes which each highlighted key issues within the mental health of children and adolescents. The key themes highlighted within the literature review were *funding, experience of parents, vulnerable groups, transitioning from child and adolescent services to adult service and the links to social media and screen time*. Finally, the discussion chapter explored the way in which the aim had been met and how, as well as exploring how the themes aided in meeting the aim. Each theme provided in-depth knowledge which contributed to the overall research aim being met. Furthermore, each theme provided areas for further research to be conducted in order to gain more knowledge within the topic of mental health. These themes were drawn together to form this study's main findings which showed the experience of children and adolescents. However, the themes highlighted how funding also impacted the experience felt by children and adolescent as well as professionals and parents. Furthermore, the impact of mental health issues on vulnerable groups and how social media and screen can impact how children and young people experience mental health.

5.2 Recommendations

Each of the five main themes identified within the literature review can each be utilised as recommendations for practice. Each theme highlights an area for improvement within the provision of child and adolescent mental health services. By taking the themes and the information gathered within each one services can improved and better protect young people in need.

Practitioners can take the theme of experience of parents, for example, and use this to shape services. The theme highlighted the need for child and adolescent mental health services to also consider the experience felt by the parents. For example, by providing support sessions for parents to attend in order to receive advice and support to help them cope with having a child who is mentally unwell. By implementing this into care practitioners can also care for the mental health of parents and lessen the pressure on adult mental health services.

As discussed within the context section of the introduction chapter the transition between child and adolescent services to adults' services is extremely high risk where many individuals fall through the gap. A further recommendation could take the information discovered through the theme highlighting the transition between services as a time of high risk. Despite the literature only focusing on the negative connotations of the transition rather than the ways to make improvements, practitioners could use this knowledge and explore ways to improve the transition phase of care. It is also important for practitioners to ensure no young person falls through the gaps within services. By ensuring more protection for those going through transition between services all those in need of care will receive it.

A final recommendation is increasing and better utilising the funding for child and adolescent mental health. Funding is a key theme which was identified within the literature review chapter and funding was also discussed within the context section of the introduction. In 2018/19, 26% which is around 132,700 children who had been referred to a specialist mental health service was rejected highlighting the current funding for child and adolescent mental health does not reach all who need it.

5.3 Reflection

By conducting this dissertation, I have gained invaluable knowledge around a key area of interest. As I want to go forward into working with children and adolescents, I think it is essential to have a rich understanding of the impacts poor mental health can have on children and adolescents. I already understood some of the key findings that I discovered, for example I knew that funding and social media and screen times were key issues within mental health. However, through conducting this dissertation I discovered the scale of impact child and adolescent mental health can have on parents. Furthermore, through conducting my research I have learnt about vulnerable groups and how at-risk young people are when transitioning between services. I feel motivated and intrigued to conduct further research into this topic in order to further develop my knowledge and understanding. In addition, conducting further research can aid in my professional develop as I go into my career. By having an in-depth understanding of the impact and risks of mental health within children and adolescents I will be better equipped to deal with and support those in need within my future career. Finally, this dissertation has demonstrated my ability to conduct a library-based study, communicate and analyse my findings and take this knowledge forward.

Bibliography

Action for Children. (2020) Mental Health [Online] Available

at: <https://www.actionforchildren.org.uk/what-we-do/children-young-people/mental-health/>. [Accessed 1st May 2020].

Adult Psychiatric Morbidity Survey. (2014). Survey of Mental Health and Wellbeing.

[Online] Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014>.

[Accessed 27th April 2020].

Aveyard and Sharp. (2013) A Beginners Guide to Evidence Based Practice in Health and Social Care. 1. Berkshire: McGraw Education.

Bell. (2017) Psychosocial Pathways and Health Outcomes. 1. London: UCL.

Beyond Youth Custody. (2020) Youth Justice Facts and Figures. [Online] Available

at: <http://www.beyondyouthcustody.net/about/facts-and-stats/> [Accessed 24th April 2020].

Bone, O'Reilly, Karim and Vostanis. (2014) "They're not witches..." Young children and their parent' perceptions and experiences of child and adolescent mental health service. Child, Health and Development, 41(3) pp. 450-458.

Brown. (2006) Doing Your Dissertation in Business and Management: The Reality of Research and Writing. California: SAGE.

Cambridge Dictionary. (2020) Research. [Online] Available at: <https://dictionary.cambridge.org/dictionary/english/research> [Accessed 7th April 2020].

Canterbury Christ Church University. (2014) Introduction to Ethics. [Online] Available at: <https://www.canterbury.ac.uk/research-and-consultancy/documents/introduction-to-ethics.pdf>. [Accessed 13th April 2020].

Care Act 2014, C.58. [Online] Available at: <http://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/transition-for-children-to-adult-care-and-support-etc/enacted>. [Accessed 27th April 2020].

Carter. (2020) One in four children rejected from by mental health services, despite extra funding. [Online] Available at: <http://www.pulsetoday.co.uk/news/one-in-four-children-rejected-by-mental-health-services-despite-extra-funding/20039979.article>. [Accessed 7th May 2020].

Chartered Society of Physiotherapy. (2020) Why is Evidence Based Practice Important. [Online] Available at: <https://www.csp.org.uk/professional-clinical/clinical-evidence/evidence-based-practice/why-its-important> [Accessed 4th May 2020].

Childline. (2020) Mental Health. [Online] Available at: <https://www.childline.org.uk/info-advice/your-feelings/mental-health/>. [Accessed 7th May 2020].

Children Act 2004. C.31. [Online] Available at: http://www.legislation.gov.uk/ukpga/2004/31/pdfs/ukpga_20040031_en.pdf [Accessed 23rd April 2020].

Children's Society. (2008) The Good Childhood Inquiry: Health Research Evidence. 1. London: Children's Society.

Clarke, Sachs and Sumner. (2000) Health and Social Care for Vocational A Level. 3. Cheltenham: Nelson Thornes.

CORE. (2020) Constructivism and the real world. [Online] Available at: <https://core.ac.uk/download/pdf/42629916.pdf> [Accessed 4th May 2020].

Creswell. (2014) A Concise Introduction to Mixed Methods Research. 1. London: SAGE.

De Brun. (2013) Finding the Evidence. [Online] Available at: <https://www.england.nhs.uk/wp-content/uploads/2017/02/tis-guide-finding-the-evidence-07nov.pdf>. [Accessed 1st May 2020].

Department of Business. (2019) New Research to Improve treatment for Adolescent mental health. [Online] Available at: <https://www.gov.uk/government/news/new-research-to-improve-treatment-for-adolescent-mental-health>. [Accessed 1st May 2020].

Department of Health. (2013) The evidence base of the public health contribution of nurses and midwives. [Online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/208842/Evidence.pdf. [Accessed 1st May 2020].

Department of Health. (2017) A Framework for Mental Health Research. [Online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/665576/A_framework_for_mental_health_research.pdf. [Accessed 13th April 2020].

Dr. Edirishgha. (2012) Interpretivism and Positivism (Ontological and Epistemological Perspectives). [Online] Available at: <https://prabash78.wordpress.com/2012/03/14/interpretivism-and-positivism-ontological-and-epistemological-perspectives/>. [Accessed 4th May 2020].

Duignan. (2016) A Dictionary of Business Research Methods. 1. Oxford: Oxford University Press.

Dunn. (2017) Young People, mental health practitioners and researchers co-produce a transition preparation programme to improve outcomes and experiences for young people leaving child and adolescent mental health services. BMC, 17(293) pp. 1-12.

Farrimond. (2012) Doing Ethical Research. 1. London: Palgrave Macmillan.

Fergie, Hunt and Hilton. (2016) Social Media as a space for support: young adult's perspectives on producing and consuming user generated content about diabetes and mental health. Social Science and Medicine, 170 pp. 46-54.

Gaillet and Eble. (2015) Primary Research and Writing. 1. London: Routledge.

Gee. (2018) Mental Health Statistics in the UK. [Online] Available at: <https://www.childrenssociety.org.uk/news-and-blogs/our-blog/mental-health-statistics>. [Accessed 22nd April 2020].

General Medical Council. (2013) Good Practice in Research. [Online] Available at: https://www.gmc-uk.org/-/media/documents/Good_practice_in_research_and_consent_to_research.pdf_58834843.pdf. [Accessed 4th May 2020].

Gerrish, Lacey and Cormack. (2010) The Research Process in Nursing. 6. New Jersey: John Wiley and Sons.

Gill, Butler and Pistrang. (2015) The experience of Adolescent inpatient care and the anticipated transition to the community: Young people's perspectives. Journal of Adolescence, 46(1) pp. 57-65.

Given. (2008) Empirical Research. [Online] Available at: <https://methods.sagepub.com/reference/sage-encyc-qualitative-research-methods/n133.xml>. [Accessed 4th May 2020].

Global Burden of Disease Study 2013 Collaborators (2013) Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and

chronic diseases and injuries in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study. *The Lancet* 386 (9995). pp. 743- 800.

Green, H. et al. (2005) *The mental health of children and young people in Great Britain 2004*. Basingstoke, Hampshire: Palgrave.

Hamilton. (2010) *Primary and Secondary Sources*. 1. Minnesota: ABDO publishing.

Health Knowledge. (2020) *Strengths and Weaknesses*. [Online] Available at: <https://www.healthknowledge.org.uk/public-health-textbook/research-methods/1d-qualitative-methods/principles-qualitative-methods-exercise2answers>. [Accessed 4th May 2020].

Health Research Authority. (2018) *Research Involving Children*. [Online] Available at: <https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/research-involving-children/>. [Accessed 4th May 2020].

Hickson. (2013) *Research Handbook for Health Care Professional*. [Online] New Jersey: John Wiley and Sons. Available at: <https://ebookcentral.proquest.com/lib/bolton/reader.action?docID=1209767>. [Accessed 13th April 2020].

Khouja, Munafo, Tilling, Wiles, Joinson, Etchells, John, Hayes, Gage and Cornish. (2019) Is screen time associated with anxiety or depression in young people? Results from a UK birth cohort. *BMC Public Health*, 19(82) pp. 1-11.

Kumar. (2008) *Research Methodology*. 1. New Delhi: APH Publishing Corporation.

Lancashire and South Cumbria NHS trust. (2020) *What is CAMHS*. [Online] Available at: <https://www.lscft.nhs.uk/What-Is-CAMHS>. [Accessed 1st May 2020].

Lapan, Quartaroli and Riemer. (2011) *Qualitative Research: An introduction to Methods and Designs*. 1. New Jersey: John Wiley and Sons.

Largan and Morris. (2019) *Qualitative Secondary Research*. 1. London: SAGE.

Levers. (2013) Philosophical Paradigms, Ground Theory and perspectives on emergence. [Online] Available at: <https://journals.sagepub.com/doi/pdf/10.1177/2158244013517243>. [Accessed 4th May 2020].

Local Government Association. (2020) CAMHS- Facts and figures. [Online] Available at: <https://www.local.gov.uk/about/campaigns/bright-futures/bright-futures-camhs/child-and-adolescent-mental-health-and>. [Accessed 7th May 2020].

Macpherson and Vann. (2019) Cornwall Foundation Trusts capacity to implement the government's children and young people's mental health strategy. International Journal of Educational Management, 33(6) pp. 1442-1456.

Mcgorry, Bates and Birchwood. (2013) Designing youth mental health services for the 21st century: examples from Australia, Ireland and the UK. The British Journal of Psychiatry, 202(54) pp. 30-35.

Memarzia, St. Clair, Owens, Goodyer and Dunn. (2015) Adolescents leaving mental health or social care services: Predictors of mental health and psychosocial outcomes one year later. BMC Health Services Research, 15(185) pp. 1-8.

Mental Health Act 2007. C.3. [Online] Available at: <http://www.legislation.gov.uk/ukpga/2007/12/contents>. [Accessed 23rd April 2020].

Mental Health Foundation. (2018) Screen time and children's mental health. [Online] available at: <https://www.mentalhealth.org.uk/blog/screen-time-and-childrens-mental-health-what-does-evidence-say>. [Accessed 27th April 2020].

MHFA England. (2019) Mental Health Statistics. [Online] Available at: <https://mhfaengland.org/mhfa-centre/research-and-evaluation/mental-health-statistics/>. [Accessed 24th April 2020].

Mind. (2020). Understanding CAMHS. [Online] Available at: <https://www.mind.org.uk/information-support/for-children-and-young-people/understanding-camhs/> [Accessed 1st May 2020].

Ministry of Ethics. (2020) Introduction to Mental Health. [Online] Available at: <https://ministryofethics.co.uk/?p=10> [Accessed 4th May 2020].

Morrison Gutman, L., Joshi, H., Parsonage, M. & Schoon, I. (2015) Children of the new century: mental health findings from the Millenium Cohort Study. London: Centre for Mental Health.

Morrow, Boddy and Lamb. (2014) The Ethics of Secondary Data Analysis. [Online] Available at: <https://www.younglives.org.uk/content/ethics-secondary-data-analysis>. [Accessed 4th May 2020].

Moule. (2015) Making Sense of Research in Nursing Health and Social Care. 5. London: SAGE.

Myers. (2008) Qualitative Research in Business and Management. California: SAGE.

National Society for Prevention of Cruelty to Children. (2020) Research with children. [Online] Available at: <https://learning.nspcc.org.uk/research-resources/briefings/research-with-children-ethics-safety-avoiding-harm> [Accessed 4th May 2020].

Neale. (2006) Research Methods for Health and Social Care. [Online] Available at: <https://ebookcentral.proquest.com/lib/bolton/reader.action?docID=4763752#>.

NHS Digital. (2017) Mental Health of Children and Young People in England. [Online] Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>. [Accessed 22nd April 2020].

NHS England. (2017) Building Greater Insight Through Qualitative Research. [Online] Available at: <https://www.england.nhs.uk/wp-content/uploads/2017/04/bitesize-guide-qualitative-research.pdf>. [Accessed 4th May 2020].

NHS. (2018) Mental Health of Children and Young People in England, 2017. [Online] Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>. [Accessed 1st May 2020].

NHS. (2019) Why is Research Important. [Online] Available at: <https://www.pat.nhs.uk/education-and-research/why-is-research-important.htm>. [Accessed 7th April 2020].

NSPCC. (2020) Children and the law. [Online] Available at: <https://learning.nspcc.org.uk/child-protection-system/children-the-law#heading-top> [Accessed 22nd April 2020].

Parkin, Long and Bate. (2017) Children and young people's mental health – policy, services, funding and education. [Online] Available at: <http://pmhw.co.uk/wp-content/uploads/2018/01/Briefing-paper-19.12.2017.pdf>. [Accessed 23rd April 2020].

Petkova, Simic, Nicholls, Ford, Prina, Stuart, Livingstone, Kelly, Macdonald, Eisler, Gowers, Barrett and Byford. (2018) Incidence of Anorexia Nervosa in young people in the UK and Ireland: A national surveillance study. British Medical Journal, 10(1136) pp. 1-9.

Pitchforth, Fahy, Ford, Wolpert, Viner and Hargreaves. (2018) Mental Health and Wellbeing trends among Children and Young People in the UK, 1995-2014: Analysis of repeated cross-sectional national health surveys. Psychological Medicine, 49(8) pp. 1275-1285.

Plaistow, Masson, Koch, Wilson, Stark, Jones and Lennox. (2014) Young Peoples view of UK mental health services. Early Intervention in Psychiatry, 8. pp.12-23.

Public Health England. (2016) Mental Health of Children and Young People in England. [Online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf. [Accessed 22nd April 2020].

Public Health England. (2018) Evaluation Methods. [Online] Available at: <https://www.gov.uk/government/publications/evaluation-in-health-and-well-being-overview/evaluation-methods#eel-black>. [Accessed 13th April 2020]

Public Health England. (2018) Evaluation Methods. [Online] Available at: <https://www.gov.uk/government/publications/evaluation-in-health-and-well-being-overview/evaluation-methods>. [Accessed 4th May 2020].

Reed, Wood, Barton, Pretty, Cohen and Sandercock. (2013) A repeated measures experiment of Green Exercise to improve self-esteem in UK school children. Plos One, 8(7) pp 1-6.

Rescher. (2003) Epistemology: An introduction to the theory of knowledge. [Online] Albany: State of New York Press. Available at: https://books.google.co.uk/books?id=yS-NblGv1IC&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false. [Accessed 13th April 2020].

Research Methodology. (2020) Ontology. [Online] Available at: <https://research-methodology.net/research-philosophy/ontology/>. [Accessed 4th May 2020].

Royal College of Nursing. (2017) Child and Adolescent Mental Health. 1. London: Royal College of Nursing.

Royal College of Psychiatrists. (2016) Parental Mental Illness: The Impact on Children and Adolescents. Information from Parents, Carers and anyone who works with young people. Available

at: rcpsych.ac.uk/healthadvice/parentsandyounginfo/parentscarers/parentalmentalillness.aspx. [Accessed 24th April 2020].

Royal Literary Fund. (2020) What is a literature review. [Online] Available at: <https://www.rlf.org.uk/resources/what-is-a-literature-review/> [Accessed 13th April 2020].

Ryan. (2018) Introduction to positivism, interpretivism and critical theory. *Nurse Researcher*, 25(4) pp. 41–49.

Solmi, Melnychuk and Morris. (2017) The cost of mental and physical health disability in childhood and adolescence to families in the UK: findings from a repeated cross-sectional survey using propensity score matching. *British Medical Journal*, 8(2). Pp. 1-10

Soneson, Childs-Fegredo, Anderson, Stochl, Fazel, Ford, Humphrey, Jones and Howarth. (2018) Acceptability of screening for mental health difficulties in primary schools: a survey of UK parents. *BMC Public Health*, 18(1404) pp. 1-12

Sosa. (2018) *Epistemology*. 1. Oxford: Princeton University Press.

Stapley, Midgley and Target. (2015) The experience of being the parent of an adolescent with a diagnosis of depression. *Journal of Child and Family Studies*, 25(2) pp.618-630.

Stewart and Kamins. (1993) *Secondary Research: Information, Sources and Methods*. 2. SAGE: London.

The Guardian. (2019) Abandoned at 18: the young people denied mental health support because they are adults. [Online] Available at: <https://www.theguardian.com/society/2019/mar/20/abandoned-at-18-the-young-people-denied-mental-health-support-because-they-are-adults>. [Accessed 9th May 2020].

Viner. (2012) Life stage: Adolescence. [Online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/252658/33571_2901304_CMO_Chapter_8.pdf [Accessed 22nd April 2020].

Walsh, Scaife, Notley, Dodsworth and Schofield. (2011) Perception of Need and Barriers to access: The mental health needs of young people attending a youth offending team in the UK. *Health and Social Care in the Community*. 19(4) pp.420-428.

Wellcome Trust. (2020) Ensuring your work is ethical. [Online] Available at: https://wellcome.ac.uk/sites/default/files/wtp057673_0.pdf. [Accessed 13th April 2020].

Wellington and Szczerinski. (2007) *Research Methods for the Social Science*. [Online] London: Bloomsbury Publishing Plc. Available at: <https://ebookcentral.proquest.com/lib/bolton/reader.action?docID=711013>. [Accessed 13th April 2020].

Wilson. (2008) *Social Work: An Introduction to Contemporary Practice*. 1. Essex: Pearson Education.

World Health Organisation. (2018) Mental Health. [Online] Available at: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>. [Accessed 22nd April 2020].

Young Minds. (2020) Guide to CAMHS. [Online] Available at: <https://youngminds.org.uk/find-help/your-guide-to-support/guide-to-camhs/>. [Accessed 1st May 2020].

Young Minds. (2020) Mental Illness. [Online] Available at: <https://youngminds.org.uk/media/1518/youngminds-mental-illness-family.pdf>. [Accessed 23rd April 2020].

Youth Access. (2017) Young, Adult and Ignored. [Online] Available
at: <https://www.youthaccess.org.uk/downloads/young-adult-and-ignored-briefing.pdf>.
[Accessed 27th April 2020].

Appendix One: Assessment of the quality of the papers based on CASP tool

Author/s	CASP appraisal tool criteria for qualitative studies									
	Clear Aims	Methods appropriate	Appropriate recruitment	Appropriate data collection	Rigor of data analysis	Researcher influences considered	Clarity of the findings	Interpretations justified	Transferability	Relevance
Pitchford, Fahy, Ford, Wolpert, Viner and Hargreaves (2018)	√	√	P	√	√	X	√	√	√	√
Walsh, Scaife, Notley, Dodsworth and Schofield (2010)	√	√	√	√	P	X	√	√	√	√
Stapley, Midgley and Target (2015)	√	√	P	√	√	X	√	√	√	√
Salmi, Melnychuk and Morris (2018)	√	√	√	P	P	X	√	√	√	√
Gill, Butler and Pistrang (2015)	√	√	P	√	√	X	√	√	X	√
Fergie, Hunt and Hilton (2016)	√	√	√	√	√	X	P	√	X	P
Soneson et al (2018)	√	√	√	√	√	X	√	√	√	√

Plaistow et al (2014)	√	√	√	P	√	X	√	√	√	√
Khouja et al (2019)	√	√	√	√	X	X	√	√	√	√
McGorry et al (2013)	√	√	√	√	√	X	P	√	P	P
Reed et al (2013)	√	√	P	√	√	X	√	√	P	P
Petkova et al (2018)	√	√	√	√	P	X	P	√	P	P
Dunn (2017)	√	P	P	√	P	X	√	√	√	√
Bone et al (2014)	√	√	P	√	√	X	√	√	P	√
Macpherson and Van (2019)	√	√	√	√	√	X	P	√	P	P
Memarzi a et al	√	√	P	√	√	X	√	√	P	√

√ yes criteria fully met

x no criteria were met

p criteria statements partially met

Appendix Two

Form RE1

RESEARCH ETHICS CHECKLIST

May 2018

This checklist should be completed for every research project which involves human participants. It is used to identify whether a full application for ethics approval needs to be submitted.

Before completing this form, please refer to the University Code of Practice on Ethical Standards for Research Involving Human Participants. The principal investigator and, where the principal investigator is a student, the supervisor, is responsible for exercising appropriate professional judgment in this review.

This checklist must be completed before potential participants are approached to take part in any research.

Section I: Applicant Details

1.	Name of Researcher (applicant):	
2.	Status (please click to select):	Undergraduate Student
3.	Email Address:	
4a.	Contact Address:	
4b.	Telephone Number:	

Section II: Project Details

5.	Project Title:	
----	----------------	--

Section III: For Students Only:

6.	Course title and module name and number where appropriate School/Centre:	
7.	Supervisor's or module leader's name:	
8.	Email address:	
9.	Telephone extension:	

Declaration by Researcher (Please tick the appropriate boxes)

<input type="checkbox"/>	I have read the University's Code of Practice
<input type="checkbox"/>	The topic merits further research
<input type="checkbox"/>	I have the skills to carry out the research
<input type="checkbox"/>	The participant information sheet, if needed, is appropriate
<input type="checkbox"/>	The procedures for recruitment and obtaining informed consent, if needed, are appropriate
<input type="checkbox"/>	The research is exempt from further ethics review according to current University guidelines
<input type="checkbox"/>	Where relevant, I have read the ethical guidelines of the regulatory body that is relevant to my discipline and verify that the research adheres to these guidelines

Comments from Researcher, and/or from Supervisor if Researcher is Undergraduate or Taught Postgraduate student:
--

--

Section IV: Research Checklist

Please answer each question by ticking the appropriate box

	YES	NO
1. Will the study involve participants who are particularly vulnerable or who may be unable to give informed consent (e.g. children, people with learning disabilities, emotional difficulties, problems with understanding and/or communication, your own students)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the study require the co-operation of a gatekeeper for initial access to the groups or individuals to be recruited (e.g. students at school, members of self-help group, residents of nursing home)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will deception be necessary, i.e. will participants take part without knowing the true purpose of the study or without their knowledge/consent at the time (e.g. covert observation of people in non-public places)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the study involve discussion of topics which the participants may find sensitive (e.g. sexual activity, own drug use)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will drugs, placebos or other substances (e.g. food substances, alcohol, nicotine, vitamins) be administered to or ingested by participants or will the study involve invasive, intrusive or potentially harmful procedures of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will blood or tissues samples be obtained from participants?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will pain or more than mild discomfort be likely to result from the study?	<input type="checkbox"/>	<input type="checkbox"/>
8. Could the study induce psychological stress or anxiety or cause harm or negative consequences beyond the risks encountered in normal life?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the study involve prolonged or repetitive testing?	<input type="checkbox"/>	<input type="checkbox"/>
10. Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will participants' right to withdraw from the study at any time be withheld or not made explicit?	<input type="checkbox"/>	<input type="checkbox"/>
12. Will participants' anonymity be compromised or their right to anonymity be withheld or information they give be identifiable as theirs?	<input type="checkbox"/>	<input type="checkbox"/>

13.	Might permission for the study need to be sought from the researcher's or from participants' employer?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Will the study involve recruitment of patients or staff through the NHS?	<input type="checkbox"/>	<input type="checkbox"/>

If ALL items in the Declaration are ticked AND if you have answered NO to ALL questions in Section IV, **send the completed and signed** (in 'Declaration') **RE1 to your School/Centre Research Ethics Officer** for information. You may proceed with the research but should follow any subsequent guidance or requests from the School/Centre Research Ethics Officer or your supervisor/module leader where appropriate. Undergraduate and taught postgraduate students should retain a copy of this form and submit it with their research report or dissertation (bound in at the beginning). MPhil/PhD students should submit a copy to the Board of Studies for Research Degrees with their application for Registration (R1). **Work which is submitted without the appropriate ethics form will be returned unassessed.**

If ANY of the items in the Declaration are not ticked AND / OR if you have answered YES to ANY of the questions in Section IV, you will need to describe more fully in Section V of the form below how you plan to deal with the ethical issues raised by your research. **This does not mean that you cannot do the research, only that your proposal will need to be approved by the School/Centre Research Ethics Officer or School/Centre Research Ethics Committee or Sub-committee. When submitting the form as described in the above paragraph you should substitute the original Section V with the version authorized by the School/Centre Research Ethics officer.**

If you answered YES to **question 14**, you will also have to submit an application to the appropriate external health authority ethics committee, after you have received approval from the School/Centre Research Ethics Officer/Committee and, where appropriate, the University Research Ethics Committee.

Section V: Addressing Ethical Problems

If you have answered YES to any of questions 1-13 please complete below and submit the form to your School/Centre Research Ethics Officer.

Project Title

Principal Investigator/Researcher/Student

Supervisor

Summary of issues and action to be taken to address the ethics problem(s)

Declaration

I understand that it is my responsibility to follow the University's Code of Practice on Ethical Standards and any relevant academic or professional guidelines in the conduct of my project/study. **This includes providing appropriate information sheets and consent forms, and ensuring confidentiality in the storage and use of data.** If there is any significant change to the design or conduct of my project/study I will immediately notify the School/Centre Research Ethics Officer and I understand that this may require me to submit a new application for ethics approval.

Signed: _____ Principal Investigator/Researcher

Approved: _____ DoS / Module Leader

Date: _____

For use by School/Centre Research Ethics Officer:

- No ethical problems are raised by this proposed study - Retain this form on record

- Appropriate action taken to maintain ethical standards
- The research protocol should be revised to eliminate the ethical concerns or reduce them to an acceptable level, using the attached suggestions

- Please submit School/Centre Application for Ethics Approval (Form RE2(D))

- Please submit University Application for Ethics Approval (Form RE2(U))

Retain this form on record
and return a copy of section V
to Researcher

Signed: _____

Date: _____